THIRTY YEARS OF CHRISTMAS SEALS

By ELIZABETH COLE

In 1907 the first Christmas Seal sale was launched in Delaware by Miss Emily P. Bissell. She raised $3,000 to use toward building a hospital for children ill with tuberculosis. Much has been accomplished since then, and here in brief form are several important links in the nation-wide chain of tuberculosis control that Christmas Seal funds have helped to build.

The National Tuberculosis Association was founded in 1904 by a group of distinguished tuberculosis specialists and interested laymen. Its aim was to study tuberculosis in all its forms and to disseminate knowledge on its causes, treatment, and prevention. From the first, then, the campaign to fight tuberculosis, at that time the leading cause of death, was educational. To stimulate the public in a desire to secure better health machinery was the object, and in only very few instances have Christmas Seal funds ever been used for relief work.

The sixth International Congress on Tuberculosis was held in Washington, D. C., in 1908. This meeting, at which world-famous scientists were present, gave impetus to the whole tuberculosis movement in our country. During the next ten years, tuberculosis associations were formed in practically every state and there are now 1,981 associations affiliated with the National Tuberculosis Association.

In the belief that better health protection for children would result in better health for all communities as a whole, attention was directed toward the establishment of such media as fresh-air schools, preventoria, and toward encouraging early training in the ways of health. Providence, Rhode Island, opened the first fresh-air school in 1908, and in 1909 the first tuberculosis preventorium was established for New York City children at Farmingdale, New Jersey. Other states followed suit, and today there are 173 institutions with provision for children who need preventorium care.

New York, as early as 1909, passed a state law authorizing the building of county tuberculosis hospitals. In 1913 an act in Washington authorized counties in that state to erect sanatoria for the care of its tuberculous and inspired other neighboring states in the Pacific Northwest to undertake organized tuberculosis work. Today there are almost two hundred county tuberculosis sanatoria, besides more than one thousand other federal, state, city, and privately owned institutions providing special care for tuberculosis patients.

A study of tuberculosis in rural areas made by Wisconsin in 1911 revealed that tuberculosis was as prevalent in the country as in the city. This was an unexpected discovery and awakened other states to the need for searching out tuberculosis in their more isolated districts. Michigan was among them and, following a state-wide survey, was first to use a new type of clinic. It was called the "traveling clinic." The itinerant clinics became popular in other states, and were the means of uncovering many cases of tuberculosis. At permanent tuberculosis dispensaries and clinics patients today not only are treated, but they are taught how to get well. These are functioning to the extent of about one thousand.

At Framingham, Massachusetts, a unique health demonstration was established in 1916 to show that, with the coöperation of physicians and citizens, it was possible to control tuberculosis. At the end of the seven-year demonstration the death rate had dropped to thirty-eight per 100,000 population from 121 during the predemonstration decade. Statistical data of untold value were assembled through this study, and the work carried on in Framingham has resulted in similar demonstrations in other communities.

The study of tuberculosis in industry has been another important link in the chain that Christmas Seals have helped to finance. In an effort to emphasize health as a factor in industry the Chicago Tuberculosis Institute in 1911 started a campaign to detect tuberculosis among industrial workers. Other studies on this subject include one in Vermont among granite cutters, completed in 1921. It was found that certain dusty trades are dangerous, and many measures have now been taken to protect these workers against tuberculosis. A recent contribution has been a study of death rates by occupation, to focus attention on the trades in which the tuberculosis hazard is greatest.

In order to carry out one of the aims of the National Tuberculosis Association, namely, the study of tuberculosis, in 1920 a Committee on Medical Research was organized. Because it was financially prohibitive to found a special laboratory for tuberculosis research, the committee organized and coördinated work of individuals and groups and enlisted the coöperation of various university laboratories with their highly trained personnel. These men and women are working diligently to add to our knowledge about the disease and hope that some day a specific cure may be discovered.

Social research, too, has been carried on, and the findings of various studies have helped to bring to light the relationship of such factors as age, sex, nationality, and occupation to tuberculosis.

In the spring of 1928 the first Early Diagnosis Campaign was held. This country-wide educational campaign, conducted each spring for nine years, has for its objective the detection of tuberculosis in its early forms. These campaigns have encouraged the use of the tuberculin test and the x-ray among school children, and have been instrumental in finding early cases of tuberculosis when treatment could be given in time to save many lives. In Massachusetts a ten-year program was started in 1924 by the State Department of Health for the detection of tuberculosis among school children, the most extensive project of this kind ever undertaken.

And after recovery—what? That is another problem tuberculosis associations are working on. In New York City, back in 1913, the first workshop for arrested cases of tuberculosis was opened. At the Altro Work Shop, men and women are successfully engaged in garment making. To prepare tuberculosis patients to return to work, many sanatoria conduct classes for study and well-rounded programs of rehabilitation have been worked out in many parts of the country.

Utopia may be a long way off, but Dr. Thomas Parran, Jr., Surgeon-General of the United States, recently said, "Tuberculosis *can* be wiped out in our nation."

Why not work optimistically toward that goal? In 1907, when the first Christmas Seals were sold, 179 persons out of every 100,000 population were dying from tuberculosis; now less than 60 per 100,000 are dying. Certainly the links in the nation-wide chain of tuberculosis control that have helped to save these lives must not be allowed to weaken. Other links must be added. Let us hope that before the next thirty years have passed, the chain will be so strengthened that the new generation will see Doctor Parran's prophecy come true.

WHAT IS GOOD TO EAT?*

By THURMAN B. RICE, M.D.

Who originated the idea that those things you like are bad for you and those things you do not like are just what you need? Appetite surely must have been developed through the ages of evolution as a guide by which the various animals were able to choose their food. It must have served those animals well because otherwise they would have become extinct in the tremendous struggle for existence. Surely, the animals which did not know what was good for them to eat are no longer with us. Surely, the fact that man is here and that he is on the top of the heap is proof enough that his appetite and instincts having to do with food must have been reliable for the most part at least.

Now come a lot of people who would have us believe that these instincts are not at all to be trusted. They would have us eat a great many dishes which we detest simply because these dishes contain certain vitamins, minerals, or proteins. They would have us refrain from foods which we desire most heartily because they say they are too fattening, are lacking in something or other, or possibly are hard to digest. We are willing to grant that times have changed and that there is need that some of the instincts be held in check, but in the main we still insist

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that appetite is the most fundamentally correct of the many methods of choosing food—provided, of course, that the instinct has not been distorted by false teaching, or practices which are definitely injurious.

An example of an instinct or appetite that has needed control recently is the strong desire for sweets which is nearly universal. In a state of nature sugar is not easily procured. It is, however, a most important food ingredient. Children in particular crave sweets because they are quick and rich sources of energy, and children use a lot of energy. The pickaninny in the cane brake twists a stalk of sugar cane and sucks the juice. The lad in the northern states bites off the bottoms of clover blossoms and robs the nest of the bumble-bee—or at least he used to do so before he was so well supplied with sugar at the table. Nature has set her young animals on the search for sugar. They need it and, therefore, crave it. But man has learned to purify sugar and has made it the most concentrated and pure of foods. Likewise, it is among the cheapest of foods from the standpoint of calories per dollar. We import sugar into our cities by the carload, and use it in a thousand ways. Nearly everyone has learned to like the flavor of sugar and in consequence we tend to eat too much of it. Not that the sugar is bad food. It is not. It is excellent food when eaten in the right amount and at such a time that it does not clog the appetite or make other flavors seem pale by comparison. The instinct is quite all right, but the capacity for satisfying the instinct has got out of hand.

In general, we propose as our premise, that appetite as it exists in a normal individual is a reliable guide to the selection of food. Immediately there will be heard protest. What about appetite for alcoholic drinks, for tobacco, for coffee, and other substances which are commonly supposed to be more or less injurious. All of these are cultivated appetites. Children do not like beer, coffee, tobacco and other similar products, but learn to like them because they want to do the things which adults do. My own children regard coffee as being worse to take than medicine. They were curious to taste beer because they had heard that it was so wonderful. One little sip was enough to convince them that they could do very well, as yet, without it.

On the other hand, there are foods which do not rate so high with the food faddists which are most satisfying to a hungry man or boy. When I was a kid on the farm I liked nothing so much as to hear that mother had a big pot of beans for dinner. Beans and bread! It was a meal that would stand by you. It would stick to the ribs when one was working hard. Yet there are those who will point the finger of scorn at beans. "They are hard to digest," it is said, but I never was sick from eating beans in my life. They are not a very good source of protein, but we did not attempt to get along on beans alone. There was always some meat with them, some bread, and milk to drink. Beans practically never can go wrong because of the way they are cooked. Anyway I like them, and it will take a lot of talk to make me think they are anything but one of the best of foods.

We have heard the lowly potato slandered, but again I like them. It is said that they are too starchy, that they are fattening, that they are white, and God only knows what else. The potato has been of vast service to the world and has filled up the big and little hollow places in boys and girls for lo these many years. Ask any housewife how she would like to get along without the lowly tuber, and ask any family of kids whether they would miss them or not. If creamy mashed potatoes with a lot of yellow butter is not food for the gods, then I am no connoisseur of the good things of the earth. I have never been made sick by potatoes, never had them served spoiled, never found them hard to digest, and so far as I can see have had no trouble for lack of vitamins.

The protein of corn is not a perfect protein, it is said. I do not care if it is not. I like corn bread, fritters, green corn, hominy, and corn-meal mush. When the family at our house sits down to a meal of corn bread, milk, and butter, we know God is in his Heaven and that all is right with the world. In case I get to worrying about food deficiency at such a time—which I do not—I remember that this country became great on a corn diet. Those hardy pioneers could not always have their spinach and carrots, but they did pretty well. Maybe we ought to imitate them a little more.

My children—and they are sturdy specimens—like bread and jam, bread and butter, bread and syrup. They go for pie! Horrors! Does a teacher of health eat pie and permit his children to eat pie? Yes, he does and sets them the example. If there is anyone who can explain why a good piece of pie made from delicious fruit is bad food, I should like to have him rise and explain. Parents commonly require their children to eat their vegetables before they can have more bread and jam or pie, and there is a certain reason for doing so. Children really should learn to eat a wide variety of things rather than just those which are tastiest and best. (Shall we say best? I think so.) Consequently, there must be some sort of regulation or there would not be enough dessert to go around, but in the main we insist again that there is probably no better guide to correct diet than the unspoiled instincts and appetite of a healthy child of ten. And does he not have a lot of fun eating when his elders leave him alone?

Yes, there must be parental control at the table, and there must be research in food and food requirements. These efforts serve the purpose of guiding us to the right foods in order that we may be healthy and happy. But parents have been wrong in their ways of rearing children, and distinguished scientists have been wrong in their pronouncements concerning diet. If the instincts and appetites of the human race had been very much wrong, the human race would long since have become extinct. Instead the race is the finest product of all evolution. Draw your own conclusions.

GIFT OF ONE HUNDRED THOUSAND DOLLARS: FOR STUDY OF VOLUNTARY INSURANCE PLANS

A gift of $100,000 to the American Hospital Association for the study and development of voluntary hospital insurance was announced by Edwin R. Embree, president of the Julius Rosenwald Fund, at the annual meeting of the Fund recently held in Chicago. This plan, known as group hospitalization, enables persons of moderate means to secure hospital care by payments of from $6 to $12 per year without recourse to charity.

The program of the American Hospital Association will be carried forward through a special Committee on Hospital Service, of which C. Rufus Rorem of Chicago becomes executive director. The chairman of the committee is Dr. Basil C. MacLean of Rochester, New York, and other members are: Dr. R. C. Buerki, Madison, Wisconsin; Dr. S. S. Goldwater, New York City; Monsignor Maurice F. Griffin, Cleveland, Ohio; and Dr. Claude W. Munger, president of the American Hospital Association.

The work of the Committee on Hospital Service includes two phases: First, advice and consultation to existing plans and those being formed concerning actuarial data, benefits, method of organization, public relations, annual subscription rates; second, relations of hospital service plans to the medical profession, public welfare activities, state departments of insurance, private insurance companies, hospital administration, and hospital accounting. This program is a continuation of the activities of the American Hospital Association since 1933.

Doctor Rorem, who is a certified public accountant, was formerly associate professor at the University of Chicago and is the author of a university text in accounting, as well as several volumes dealing with the economic and financial aspects of hospital and medical care. Since 1931 he has been associate director for medical services of the Julius Rosenwald Fund and since 1933 has been consultant in group hospitalization to the American Hospital Association.

Enrollment in group hospitalization plans is now approaching one-half million employed subscribers and dependents, with more than 150,000 participating in the three-cents-a-day plan for hospital care in New York City. Plans which have enrolled more than 25,000 employed persons are those in Rochester, New York; Cleveland, Ohio; Washington, D. C.; Minneapolis and St. Paul, Minnesota, and Dallas, Texas. Other plans with 5,000 or more subscribers and dependents are those in New Orleans, Syracuse, St. Louis, San Antonio, Houston, Memphis, Sacramento, Newark, Charleston and Bluefield, West Virginia, Kingsport, Tennessee, and a state-wide plan for North Carolina. Nonprofit city-wide hospital service plans have been established or are being organized at the present time in Chicago, Buffalo, Albany, Louisville, New Haven, and Boston.